

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968826	(X3) DATE SURVEY COMPLETED 01/17/2019
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING IN NEW PORT RICHEY	STREET ADDRESS, CITY, STATE, ZIP CODE 6716 CONGRESS ST NEW PORT RICHEY, FL 34653	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR #2018016058) was conducted at Angels Senior Living in New Port Richey (Lic. #12688) on 1/17/2019. Angels Senior Living in New Port Richey had no deficiencies at the time of the investigation.		